



**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/642,558
Filing Date	8-18-2003
First Named Inventor	Scott Charest
Art Unit	3677
Examiner Name	Andre' Jackson
Attorney Docket Number	0269

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Scott Charest				
Address	880 Sixth Ave. NE				
Address					
City	Largo	State	FL	Zip	33770
Country	U.S.A.				
Telephone	727-559-8573	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Scott Charest		
Signature			
Date	7-25-2004	Telephone	727-559-8573

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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